

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 87
Registrar's No. 67

1. Place of Death: (a) County Graham (b) City or Town Central (c) Location Passing through (St. & No. (or) Name of Institution)
(If outside city limits write RURAL)
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz (b) County Graham (c) City or Town Pima
(If outside city limits write RURAL)
(d) Street No. _____
3. (a) FULL NAME Bruce T. Mattice (b) If veteran _____ (c) If foreign born in U. S. _____
(e) Social Security No. 70-6 (If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Aug 16 1931
(Month) (Day) (Year)
8. AGE: Years 8 Months _____ Days _____ If less than one day
hrs. _____ min. _____

9. Birthplace Pima Ariz
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business _____

12. Name Warner Mattice

13. Birthplace Bryce Ariz
(City, town or county) (State or Country)

14. Maiden Name Evelyn J. Taylor

15. Birthplace Pima Ariz
(City, town or county) (State or Country)

16. (a) Informant's own signature W. B. Mattice

(b) Address Pima Ariz

17. (a) Burial, Cremation or Removal Pima Ariz

(b) Place Pima (c) Date June 18, 40

18. (a) Embalmer's Signature _____

(b) Funeral Director W. C. Rawson

(c) Address Safford, Ariz

19. (a) July 9th 1940
(Date received by Registrar)

(b) J. M. Stratton
(Registrar's Signature)

R. R. R. R.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 18, 1940
TIME (Hour and minute) 11-30 A. M.

21. I hereby certify that I attended the deceased from Did not
attend just before this 19____;
that I last saw him alive on _____ 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death Dead when I first
saw him

Due to Fractured neck (Cervical
vertebrae, Crushed chest

Due to Car ran over him
accidentally

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Accident

(b) Date of occurrence June 18, 40

(c) Where did injury occur? Pima Graham Arizona
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public highway 70
(Specify type of place)

While at work? No (e) Means of injury Car ran over

23. Signature W. W. McKlin

Address Safford, Arizona Date signed June 24, 40